PTO/SB/22 (06-03)

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| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)   |   |   | Docket Number (Optional)<br>PU030125        | F          | EC             | ΕIV    | ED   |
|--|---|---|---|------------|----------------|--------|------|
| In re Application of BURNETT, Angela Renee, et al.   |   |   |   |            |                | CENTER |      |
|  | Application Number                                      | 10/553,810  | Filed 10/18/2005                            | M          | AR             | 05     | 2009 |
|  | For LAMP PROTE  | CTION SYSTEM A  | ND METHOD                                   |            | <b>"</b>       | •      |      |
|  | Art Unit 2629   | Examiner TRAN   | l, My Chau T.                               |            | 1              |        |      |
| This is a request under the provisions of identified application.  | 37 CFR 1.136(a) to e                                    | extend the period fo                                    | r filing a reply in the above               | 1          |                |        |      |
| The requested extension and appropriate  | e non-small-entity fee                                  | are as follows (che                                     | eck time period desired):                   |            |                |        |      |
| ☑ One month (37 CFR 1.   |   |   |   |            |                |        |      |
| ☐ Two months (37 CFR   | Two months (37 CFR 1.17(a)(2))                          |   | \$  |            |                | •      |      |
| ☐ Three months (37 CFF   | Three months (37 CFR 1.17(a)(3))                        |   | \$  |            |                |        |      |
| ☐ Four months (37 CFR  | Four months (37 CFR 1.17(a)(4))                         |   | \$  |            |                |        |      |
| Five months (37 CFR  | 1.17(a)(5))   |   | \$  |            |                |        |      |
| <ul> <li>□ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$</li> <li>□ A check in the amount of the fee is enclosed.</li> </ul> |   |   |   |            |                |        |      |
| ☐ Payment by credit card. Form   | n PTO-2038 is attache                                   | ed.   |   |            |                |        |      |
| ☐ The Director has already bee   | n authorized to chare                                   | e fees in this applic                                   | ≃ation to a Deposit Accoun                  | t.         | l              |        |      |
| ☑ The Director is hereby author or credit any overpayment, to I have enclosed a duplicate c I am the ☐ applicant/inventor.   | Deposit Account Nur<br>opy of this sheet.               | =   | equired,                                    |            |                |        |      |
| assignee of record   | of the entire interest                                  | . See 37 CFR 3.71                                       | l   |            | l              |        |      |
| Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  |   |   |   |            |                |        |      |
| ☑ attorney or agent of record. Registration Number 28,234  |   |   |   |            |                |        |      |
| 🔲 attorney or agent ι  | under 37 CFR 1.34(a)                                    | ).  |   |            |                |        |      |
| Registration number  | er If acting under 37 CFR 1.                            | 34(a)   |   |            |                |        |      |
| WARNING: Information on this for Included on this form. Provide on   | m may become pub<br>edit card information               | olic. Credit card in and authorization                  | nformation should not be<br>on on PTO-2038. | •          |                |        |      |
| 3/5/09   |   | $\mathcal{L}$   |   |            |                |        | •    |
| Date   |   | <del></del>   | Signature                                   |            | 1              |        |      |
| 609-734-6820   |   |   | Robert B. Levy                              |            | ļ              |        |      |
| Telephone Number   |   | <del></del> -   | Typed or printed name                       |            | 1              |        | :    |
| NOTE: Signatures of all the inventors or assignees of more than one signature is required, see below.  Total of 1 forms are submitted.   | *****   |   |   |            |                |        |      |
| This collection of information is required by 37 CFR 1.13 USPTO to process) an application. Confidentially is govern   | B(a). The Information is requerned by 35 U.S.C. 122 and | ilred to obtain or retain a<br>37 CFR 1.14. This collec | benefit by the public which is to file      | (and by to | J<br>he<br>le. |        |      |

including gathering, preparing, and aubmitting the completed application form to the USPTO. This will vary depending upon the individual case. Any comments on the amount of time you require to complete this form endor suggestions for reducing this burden, enough be sent to the Chief Information Officer, U.S. Patient and Trademark Office. U.S. Department of Commerce; P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1460.

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